

**ALABAMA BOARD OF NURSING
P. O. BOX 303900
MONTGOMERY, ALABAMA 36130-3900**

NOTIFICATION OF RECEIPT OF ORDER OR AGREEMENT

Licensee Information	Select Compliance Monitor
NAME:	___VDAP: Mary Ed Davis, DNP, MSN, RN, Director Telephone: 334-293-5227 Fax: 334-293-5208 e-mail: maryed.davis@abn.alabama.gov
LICENSE #:	___Discipline: Cathy Boden, MSN, RN, Director Telephone: 334-293-5229 Fax: 334-293-5209 e-mail: cathy.boden@abn.alabama.gov
CASE #:	

Instructions: The nurse named above is monitored by the Alabama Board of Nursing in Probation OR the Voluntary Disciplinary Alternative Program (VDAP). The appropriate Board contact is marked. The undersigned current/prospective employer of the nurse named above, hereby acknowledges that you have been furnished a copy of the Board Order or Agreement, have read the contents of the Board Order or Agreement, and can abide by such terms.

Please complete the information requested below and return to the Board contact noted above as soon as possible. The information is required to set up on-line monitoring for this nurse. Please contact the Board if you have any questions.

Nurse's Anticipated
or Actual Date of Hire:

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Nurse's Date of Return
To Work:

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Nurse's Position & Clinical Area and Shift	
Employing Agency & Mailing Address	
Nurse's SUPERVISOR & Title (please print)	
Supervisor's Business Telephone	
Supervisor's Business E-mail Address	
Names of On-Site Monitor(s) and Title(s)	

Supervisor's Signature/Title: _____ **Date:** _____

Return the completed form to the attention of the Compliance Monitor indicated at the address printed above.